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AUTHOR Pancoast, Diane L.
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ABSTRACT

There is evidence that informal caregiving systems, called natural helping networks, already carry much of the service load of community mental health services, and need to be strengthened to provide even more. Social network analysis is a useful tool for understanding how these informal mechanisms operate, as well as the way in which some professionals have begun to develop intervention techniques aimed at helping individuals improve the functioning of their personal networks. Social networks address the following areas of concern: (1) identification of fairly dense clusters of relationships based on residential proximity, working together, a common interest or problem, kinship, and a host of other linkages; (2) the findings of individuals who are especially important to the other members, i.e., central figures; and (3) the development of techniques for identifying central figures which can be applied in a variety of settings, using a modified consultation model, which is presented and compared to other forms of intervention such as training. (Author)

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A Method of Assisting Natural Helping Networks

Diane L. Pancoast

Portland State University

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A Method of Assisting Natural Helping Networks

Currently there seems to be a good deal of interest in the mobilization of informal community supports as part of a broad strategy of prevention and treatment in community mental health. The recommendations of the President's Commission on Mental Health, which include a heavy emphasis on identifying and strengthening community support systems and natural helping networks, will undoubtedly increase the exposure of mental health professionals and politicians to these ideas. While community support systems should not be viewed as a panacea, and should not be seen as a substitute for professional services, they do have the potential for meeting needs which the formal systems are unable to address.

It seems to me that The Commission Report signals the acceptance of the importance of community supports and that we need no longer be advocates. What is needed now is to pool what we already know about informal community support systems and networks in order to decide on issues which deserve further research and to develop ways of interacting productively with them. This symposium represents one opportunity for such an exchange.

If mental health professionals are to be convinced in any significant numbers that part of their practice should include the understanding and support of informal systems of care, they

must be provided with information and skills with which to proceed. Otherwise they are likely either to reject such a change or to intervene in ways which are destructive to the informal systems.

I would like to describe an approach which we have developed in Oregon. Briefly, what we have done is to identify natural community caregivers who are imbedded in networks of mutual caring and service exchange. Whenever we could we have supported their efforts through consultation and, in some cases, the provision of other resources. Our activities have been carried on by professionally trained mental health workers under a variety of auspices. In some cases, the workers were in direct contact with the natural caregivers. In others, the workers guided the project but the actual contact with caregivers was made by neighborhood workers, aides or volunteers. Sometimes we have focussed on specific populations at risk such as discharged mental patients, the elderly, and young families in need of day care. Other programs have had a more general neighborhood focus. Our book, Natural Helping Networks, (Collins and Pancoast, 1976) describes our theory and approach. Two handbooks recently published by our colleagues, (Smith, 1975; Crawford, Smith and Taylor, 1978) present some additional examples as well as simple, straightforward advice about how to develop such a program. These sources present our methods in much greater detail than I can do here. In this

presentation, I want to give you a general idea of what we do and discuss some of the issues that arise.

First let me be as precise as I can about the type of helping networks that we have been working with. So far, I have been referring to support systems and helping networks interchangeably. Although there is no standard usage at this time, I tend to think of support systems as a more inclusive term which can include mental health activities by any person or organization in the community that is not specifically designated as a mental health agency. Networks, on the other hand, are linkages and patterns of relationships among individuals which do not have boundaries or collective identities. Social network analysis can be used to study these patterns and supplies concepts with which to describe them (Barnes, 1972; Mitchell, 1974). Our work centers on networks in which people are linked by exchanges of social and emotional support but people can be linked together in many other ways.

There are many types of social support networks in any community. Some of them are formed around an institutional affiliation such as a church, school or club. Others draw people who have a common problem or interest and interaction is based on their status of fellow sufferers. These networks frequently

coalesce into self-help groups which take on a more formal character (Caplan and Killilea, 1976; Katz and Bender, 1976). Other networks are even less visible. The members of these networks, though highly cognizant of their relationships with each other, do not consider themselves to be members of a group and seldom think about the patterns formed by the interrelationships. Such networks can be based on kinship, friendship, residence in a common locality or employment in the same workplace. If these various kinds of networks can be ranged along a continuum based on degree of formal organization and level of awareness of membership, it is the ones at the most informal end of the continuum that have been the focus of our intervention.

There are two ways of looking at networks: from the perspective of individual members and as total entities. Each of us has a personal support system - a network centered on ourselves - consisting of the poeple we count on when we need help. This network may include professionals and other people we pay for services, such as babysitters, as well as people with whom we have ties of mutual obligation. The size, configuration and membership of these networks obviously varies from person to person. In clinical work, there is much to be gained from understanding the meaning and functioning of an individual client's support network. Some therapists are working out ways of intervening in these

networks on behalf of their clients (Speck and Attneave, 1973; Erickson, 1975; Pattison, 1977). Others have developed programs which supply supportive persons to bolster individuals' networks at points of crisis such as the Widow-to-Widow programs (Silverman, 1970).

The other way of looking at networks is to focus on the larger patterns made by the interconnected individual networks. We can identify the actual linkages among a set of individuals who might potentially be linked together, such as the residents of a neighborhood or certain members of the larger community, such as the parents of retarded children or Indochinese refugees. In some of these networks a variety of services are exchanged (Warren and Warren, 1971; Wellman et al, 1971). Others serve more specialized functions such as the provision of family day care, (Collins and Watson, 1976) or supportive services among the elderly (Smith, 1975).

In our work, we have adopted the second perspective. Our aim is to strengthen the total network for the benefit of all of its members. This task is not as difficult as it might seem because there are natural helpers in these networks who can be the focus of intervention. We call these natural helpers, central figures or natural neighbors. Our approach is based on finding

such individuals in ongoing networks. We do not attempt to create networks or to nominate individuals for the role of central figure. Our central figures are not usually community caregivers such as clergymen, public health nurses or policemen. They are not persons who have a culturally designated role of healer or helper such as medicine men or herbalists. Instead, they are "ordinary people" going about their daily lives; working, raising families, participating in community activities. What makes them a little bit special is that they are seen by others as particularly resourceful and empathetic. In addition to sharing their personal resources, they are also matchmakers linking individual members of their networks who could mutually profit from an exchange. I am sure that most of us can identify central figures in networks of which we are a part. We may even occupy this role ourselves in networks to which we belong.

Since stable patterns of exchange are useful to people (or perhaps, just because we are social animals), in most circumstances people will participate in support networks and help to maintain them. It has been found, for example, that even among severely disabled older adults living in welfare hotels, such patterns of relationships are common (Shapiro, 1971). Also, since individuals are differentially endowed with personal relating skills and access

to resources, it is likely that those individuals who are particularly well endowed will occupy central positions in their networks. Most of these central figures can probably continue to function very well without outside assistance. In many cases, it may be enough for a professional who is working with a particular population to be aware that such networks exist and to try to avoid doing anything which might interfere with the operations of the network.

In other cases, however, a professional might want to go beyond "benign neglect" and attempt to strengthen the role of the central figure. A number of circumstances might prompt this more active approach. The professional might identify a particular population which will not make use of formal services but which does rely on natural caregivers. For example, many teenagers will not make use of family planning agencies but would be receptive to contraceptive information from trusted members of their network, whether they be peers or trusted adults.

Another reason for forming an active partnership with natural caregivers is to offer preventive services while avoiding the problems of stigmatizing the recipients or creating dependence on formal services - negative side effects which often accompany formally organized preventive services. Informal caregivers can

be assisted in their efforts to strengthen family life and prevent serious instances of child abuse and neglect, for example, without ever labeling the families involved (Garbarino, in press).

A third reason for forming an alliance is to provide information about formal services to a population which may not be using them because they do not know about them. For example, Leutz describes a program of providing information about hospital-based services for drug abusers to natural caregivers in a Puerto Rican neighborhood who were not able to deal with the needs of this group (Leutz, 1976).

Another purpose of such an alliance would be to extend the service capacity of formal agencies. There will never be enough money to meet all of the needs for day care for children by providing day care centers. Similarly the services which are required to permit the elderly to remain in their homes, though partially disabled - homemaker services, meals, transportation, nursing care, etc., - are expensive and can never be funded well enough to completely meet the need. Even if these and similar services could be provided in sufficient amounts by formal agencies, many people would prefer to rely on personal relationships rather than put themselves in the hands of bureaucracies. A professional who has responsibility for meeting needs for day care, services for the

elderly, services for discharged mental patients, etc., can develop relationships with the natural helpers who are providing such services informally as part of a comprehensive approach to the problem.

The key to the development of a mutually profitable partnership between a professional and a natural helper is the cultivation on the part of the professional of a sensitive understanding of the functioning of the network and the role of the natural helper within it. Before deciding on any particular form of intervention, therefore, it is crucial that the professional learn as much as possible about the network. The procedures used by anthropologists and ethnographers are the most appropriate methods to employ and there is no substitute for much patient, unobtrusive observation of the operations of the network.

One device that is commonly used and that mental health professionals may be somewhat more familiar with than observation is the survey or canvass. If it is done well and as a first step, it can be an acceptable way of entering the community and searching for networks. The professional must always keep in mind, however, that the process of conducting the survey is more important, for this purpose, than the quality or quantity of "data" gathered by the survey instrument and will need to be open to the spontaneous

events and unanticipated information that will inevitably accompany the survey. One specific data gathering device which doesn't seem to work very well is to ask people whom they turn to for help. The professional will learn much more by asking about patterns of acquaintanceship (e.g. "How many of your neighbors do you know?") and specific instances of interaction than by asking general questions about helping patterns.

Jane Howard, the author of Families, gives some very useful suggestions when she describes her techniques for gathering information. "My way is to use my intuition as a compass, go where I feel welcome, stay as long as I can manage to, meet whoever is around, help them do what they are doing if they will let me, and try to remember that she who asks least learns most" (Time, July 3, 1978, p. 84).

Such a process takes time and one of the biggest problems that a professional may have in initiating a program of support for natural helpers is convincing administrators or granting agencies that the investment will pay off. Agencies that are already knowledgeable about the community and concerned with providing services to a total population rather than a specific caseload seem to be most receptive to this approach and probably make the best sponsors of such a program.

The single best indicator of central figure status is multiple nomination. During the search process, which can include contacts with agencies and community leaders as well as local residents, certain names will be mentioned again and again. Once the professional has collected a list of such persons, he or she can decide how many of them to contact and proceed to make arrangements to see them. During an informal interview or two on the central figure's home turf, the professional can learn about the role of the central figure in the network and decide whether or not to propose further contacts.

Once the professional understands the workings of the network and has become acquainted with the central figure it should be relatively easy to decide what kinds of intervention would strengthen the functioning of the network. We think that mental health consultation along the lines of the model developed by Gerald Caplan (Caplan, 1970, 1974) offers the best general prescription for intervention which will improve the network without changing it.

The consultation partnership between the professional and the natural helper is based on their mutual interest in the well being of the members of the network. The central figure is free to accept or reject such a relationship although he or she does not initiate

the contact as a consultee would in a more conventional consultation setting. The content of the consultation sessions is determined by the central figure consultee. Initially, the consultant may want to suggest some regular meetings in order to learn about the network and build a relationship with the central figure. In addition to helping the central figure solve specific problems the consultant can offer an appreciative understanding of the skillful efforts of the central figure. This can be extremely helpful to natural helpers whose respect for the confidentiality of their relationships with network members precludes the sharing of their triumphs and failures with other people.

Over time, the regular contacts can be spaced out or dropped altogether as the central figure becomes comfortable with contacting the consultant when the need arises. As the number of contacts diminishes, the professional can initiate contacts with other central figures. We think that a full-time consultant can probably sustain approximately 15 consulting relationships at a time.

Other forms of intervention such as training, providing information through newsletters or group meetings, linking unaffiliated persons with natural helpers and facilitating referrals from the helpers to formal services may also be

appropriate in some circumstances. The professional may also be an advocate and defender of the natural helping network to the larger community. All of these forms of intervention, however, probably carry more potential for damaging the network than consultation does and therefore should be approached more cautiously.

The ideal staffing pattern for a program of consultation to natural neighbors is probably one that combines professionals who are familiar with consultation techniques and neighborhood workers who are well acquainted with the local networks and cultural patterns. Neighborhood workers will be able to locate central figures much more efficiently than professionals who are unfamiliar with the particular area. They may be less able to see how they might intervene to strengthen the network, however, and in any case, will need encouragement and suggestions from the professional. Some natural neighbors may prefer to have the more distant professional as a consultant because of the prestige of the professional or greater assurance of confidentiality.

We have seen projects succeed with only one half of the team but there are drawbacks. If only professionals are used the process of identifying natural neighbors will take longer and the whole project will consume more expensive professional time. If only neighborhood workers are used, natural neighbors may be

quickly located but the workers may fail to develop productive partnerships with them.

One way to reduce the costs of the program might be to hold group meetings of the natural neighbors. We think this is unadvisable for several reasons. In the first place it is too great a disruption of the way natural neighbors usually function. They are not comfortable with sharing their problems with other community members. Secondly, the consultant loses too much information when the natural neighbor is seen outside of the setting in which he or she normally functions. Finally, the content of the meetings will usually be too general to be helpful to the natural neighbor who wants to discuss a particular troublesome situation. Since each natural neighbor affects a number of other people in the network who might otherwise become candidates for formal services, the one-to-one approach of consultant to consultee is not really as uneconomical as it may seem, particularly when the impact of the sessions will be much greater than that of group sessions.

The issue that is raised most frequently when I talk about our methods to professionals is their concern about whether the natural helpers are truly beneficial to the members of their networks. We need to do a great deal more research before we can

specify to what extent and under what conditions, the natural helpers actually provide socially useful services. At this point, I can only report that every professional I have talked with who has become involved with natural helpers, even if they were initially skeptical, has become convinced of the worth and importance of the natural helpers' services. If you remain unconvinced, I urge you not to wait for the results of the research to come in, but to go out and see for yourselves.

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